Provider *Insider*

Alabama Medicaid PDL Available Through Epocrates®

Providers can access Alabama Medicaid's Preferred Drug List (PDL) using the Epocrates® drug reference software on their mobile device (iPhone, iPod Touch, iPad, Android, and BlackBerry) or an internet-connected computer. By downloading the Epocrates® application to a mobile device or through the internet, providers can check preferred drug status, prior authorization requirements, drug alternatives, generic substitutes and quantity limits.

Additionally, the software features a drug reference that includes information such as indication, dosing, contraindications, drug interactions and adverse reactions. The PDL and drug reference is available at www.epocrates.com.

EPOCRATES® - How to Add the Alabama Medicaid PDL

1. Go to www.epocrates.com
2. Click on "My Account' in the top right.
3. Sign in using a username and password, if needed. You will have to create a username and password if you do not currently have one.
4. Click on "Edit Formularies".
5. For "State" choose Alabama and for "Category" choose Health Plans. Select and add the Alabama Medicaid formulary. Click the "Done" button when you are finished.
6. Update your Epocrates® mobile app, and the formularies on your mobile device will be changed accordingly.

For more detailed instructions or assistance with a forgotten username and password, contact customer support at goldsupport@epocrates.com or call 1-800-230-2150.

An error appeared in the October 2013 article titled
"Form ALTPL-01 10/12 Medicaid Other Insurance Attachment"

The first paragraph states: This form will be required with the CMS 1500 form when third party applies to a claim. It should have stated this form is required anytime a paper claim is required and third party has made a payment.
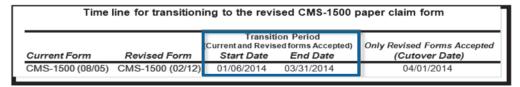
In This Issue

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

❏ *Office Manager*

❏ *Billing Department*

❏ *Medical/Clinical Professionals*

❏ *Other _____*

Alabama Medicaid Transitions to New CMS-1500 Paper Claim Form

Based on recommendations of the National Uniform Claim Committee (NUCC), the Centers for Medicare & Medicaid Services (CMS) is mandating use of the revised CMS-1500 claim form.

Effective April 1, 2014, Alabama Medicaid will accept only the revised version of the CMS-1500 (02/12) paper claim form. Paper claims submitted on the current version of the CMS-1500 (08/05) after March 31, 2014, will not be processed and will be returned to the provider. Both current and revised forms will be accepted during a transition period from January 6, 2014, through March 31, 2014. **The effective dates for transition to the new form are based on date of claim submission rather than date of service.**

Time line for transitioning to the revised CMS-1500 paper claim form				
		Transition Period (Current and Revised forms Accepted)		**Only Revised Forms Accepted** (Cutover Date)
Current Form	**Revised Form**	**Start Date**	**End Date**	
CMS-1500 (08/05)	CMS-1500 (02/12)	01/06/2014	03/31/2014	04/01/2014

HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying current CMS-1500 forms.

REMINDER: Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or other exceptions previously outlined. If you have any questions, please contact the Provider Assistance Center at 1-800-688-7989.

SUMMARY OF CHANGES
The revised CMS-1500 (02/12) claim form includes the following changes:

- **Box 10d:** Changed title from 'Reserved for Local Use' to **'Claim Codes'**:
  Description: Identifies additional information about the patient's condition or the claim.
  Guidelines: Enter the appropriate condition code allowed by NUCC. Valid values include:
    - AA – Abortion performed due to rape
    - AB – Abortion performed due to incest
    - AC – Abortion performed due to serious fetal genetic defect, deformity, or   abnormality
    - AD – Abortion performed due to life endangering physical condition caused by, rising from or exacerbated by the pregnancy Itself
    - AE – Abortion performed due to physical health of mother that is not life endangering
    - AF – Abortion performed due to emotional/psychological health of mother
    - AG – Abortion performed due to social or economic Reasons
    - AH – Elective Abortion
    - AI - Sterilization

- **Box 19:** Changed title from 'Reserved for Local Use' to **'Additional Claim Information'**.
  Description: Identifies additional information about the patient's condition or the claim.
  Guidelines: Use this block to provide remarks, as appropriate. Examples include, but are not limited to the following:
    - TPL paid (MM/DD/YY)
    - TPL denied (MM/DD/YY)
    - Recouped claim (MM/DD/YY)
  The substitute provider's name may also be indicated here.

- **Box 21: ICD indicator** was added to reflect the ICD-9 or ICD-10 code set.
  Description: Identifies the version of the ICD code set being reported
  Guidelines: Enter ICD indicator for diagnosis codes entered in fields 21A – 21L.
    - Enter "9" for ICD-9
    - Enter "0" for ICD-10
      Provider may not submit both ICD versions together on the same claim.
      Providers should not submit ICD-10 codes until CMS mandate date.

- **Boxes 21:** Changed title from 'Diagnosis or Nature of Illness or Injury;' to **'Diagnosis or Nature of Illness'**
  Description: Additional fields for up to 12 diagnosis codes were added.
  Guidelines: A. - L. Enter the diagnosis codes in these blocks to the highest number of digits possible (3, 4, or 5). Do not enter decimal points in the DX fields.
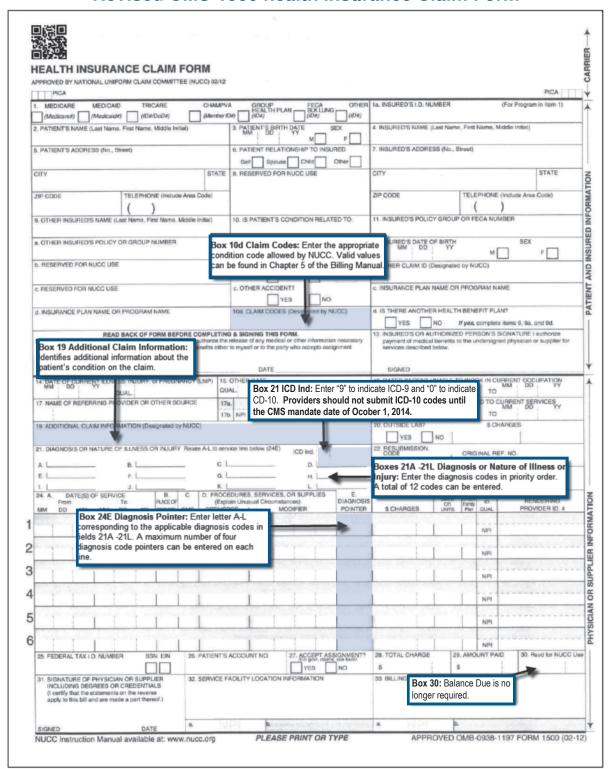
- **Box 24E:** Changed title from 'Diagnosis Code' to **'Diagnosis Pointer'**

Description: Accommodations for up to four related diagnosis code pointers, with letters A-L corresponding to the applicable diagnosis codes in fields 21 A-L

Guidelines: Enter the line item reference (A - L) for each service or procedure as it relates to the primary ICD-9 code identified in Block 21. If a procedure is related to more than one diagnosis, the primary diagnosis to which the procedure is related must be the one identified. Up to 4 characters can be entered in this block per procedure code

- **Box 30 Balance Due:** Field is no longer required.

Revised CMS-1500 health Insurance Claim Form

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

Box 10d Claim Codes: Enter the appropriate condition code allowed by NUCC. Valid values can be found in Chapter 5 of the Billing Manual.

Box 19 Additional Claim Information: Identifies additional information about the patient's condition on the claim.

Box 21 ICD Ind: Enter "9" to indicate ICD-9 and "0" to indicate CD-10. **Providers should not submit ICD-10 codes until the CMS mandate date of Ocober 1, 2014.**

Boxes 21A -21L Diagnosis or Nature of Illness or Injury: Enter the diagnosis codes in priority order. A total of 12 codes can be entered.

Box 24E Diagnosis Pointer: Enter letter A-L corresponding to the applicable diagnosis codes in fields 21A -21L. A maximum number of four diagnosis code pointers can be entered on each line.

Box 30: Balance Due is no longer required.

Alabama Medicaid Bulletin

Post Office Box 244032
Montgomery, AL 36124-4032

Look Up Feature For Consent Forms Now Available on Medicaid Secure Website

Providers can now check to see if a consent form is on file with Medicaid.

Providers can access the tool by selecting the Provider tab (far right corner) and click on Consent Form Search. The recipient's 12-digit Alabama Medicaid number and the date of surgery are required to perform the search. The system will display the Date Form was Received, Date Last Status Change, Form Type (Abortion, Hysterectomy, Sterilization), and the Status (Approved, Denied)

ICD-10 Teleconferences for Vendors Coming Soon

Beginning Spring 2014, the HP ICD-10 team will offer "ICD-10 Testing" teleconferences for vendors. The teleconferences are being provided as a means of providing support for existing testing partners as well as encouraging new vendors to join the testing effort. Each session will include a segment where the ICD-10 team will be available to answer questions. A schedule of session dates will be made available on the Alabama Medicaid website early 2014. The schedule will indicate dates and times for each session being offered.

If you have a suggestion on a topic to be covered during the teleconferences or need assistance with ICD-10 testing, contact the HP ICD-10 team via e-mail at alabamaictesting@hp.com